

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Facility Information

Facility Name: COZY CARE II ADULT FAMILY HOME (0009968)
Address: 3603 W MARION ST, MILWAUKEE, WI 53216
License Status: REGULAR
Licensed/Certified/Registered 01/31/2003
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0096102 **End Date:** 12/13/2005 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008882 Served 01/10/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION		
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS		
88.05(2)(a)	DIFFICULTY WALKING		
88.05(3)(e)2	HEATING SYSTEM INSPECTIONS		
88.07(1)(c)	ACTIVITIES AND SERVICES		
88.09(2)(c)	LOCATION AND RETENTION PERIOD		

Survey ID: 0094811 **End Date:** 05/17/2005 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Survey ID: 0094383 **End Date:** 03/23/2005 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008779 Served 04/04/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(b)	CREDENTIALLED CAREGIVERS	04/30/2005	Yes

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Enforcement History

Date: 04/01/2005	SOD #10008779	Appealed: No
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Sanctions

COMPLY WITH REQUIREMENT

Date: 01/03/2005	SOD #10008882	Appealed: No
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Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Provider Inspection Summary
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Complaint History

Date Complaint Received: 07/06/2005

Date Investigation Completed: 12/13/2005

Subject Area(s)

RESIDENT RIGHTS
MEDICATIONS

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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